AN EXCLUSIVE INTERVIEW WITH

James F. Winterstein, DC

We are fortunate to interview Dr. James Winterstein, President of National College of Chiropractic for the past eight years. Prior to this position, Dr. Winterstein practiced chiropractic in Florida for eighteen years and was involved in postgraduate education and the American Chiropractic College of Radiology.

TAC readers should find this interview very interesting. Dr. Winterstein is very articulate and pointed in his answers. He clearly demonstrates that, contrary to what many DC's may think, National College is not a watering hole for wannabe MDs.

We hope this interview helps clear up some of the misconceptions that abound in the chiropractic profession regarding Dr. Winterstein and National College. We have tried to ask all of the unanswered questions and lingering concerns that pop up due to "sound-bite" reporting. Readers will be happy to find out that Dr. Winterstein is clearly a preeminent Defender of Chiropractic.

TAC: *In* The Chiropractic Journal *there are advertisements that urge D.C.'s to join the World Chiropractic Alliance. One reason used to discourage DC's from joining the ACA is a quotation from you which reads, "Chiropractic medicine...has emerged as an effective medical therapy. Most chiropractors are members of the ACA." This sounds like an out-of-context "sound bite." Can you please comment on the meaning of "chiropractic medicine" and "effective medical therapies."*

JFW: The quotation that appeared in *The Chiropractic Journal* was taken out of context. It originally appeared in a magazine called, *Bottom Line Personal.* The *Bottom Line* article was actually written following an interview with me. As I am sure many of you are aware, when members of the media think of chiropractic they think of the term as an adjective and automatically add the word "medicine" behind it. This reporter did the same thing and asked me whether that was appropriate. I indicated that the term "medicine," when used generically, is appropriate to any healing, and, in that context, could be used within the meaning of the article, but that if the term "medicine" was used to suggest allopathy, that it would be completely inappropriate. With regard to the term "effective medical therapies," those words come directly from the reporter and were not a quotation at all but, again, the reporter understood here that the position being taken was that the term "medical" was used in a generic sense.

I know that many chiropractors would argue that the term "therapy" is even incorrect; however, I would submit that is simply playing semantic games.

TAC: *Is it your goal at National to reduce chiropractors to the level of a technician without any autonomy?*

JFW: The National College of Chiropractic has, for decades, maintained that the chiropractor must first be a physician—that is, one who is a healer at the level of the professional. Thus, there is no possible scenario in which The National College of Chiropractic educational program, philosophy or intent would even begin to relegate the chiropractic physician to the level of the technician. We are, in other words, completely opposed to such a concept.

TAC: *Is it your goal at National to turn out pseudo-medical doctors who cannot prescribe medication, who adjust poorly and who mostly refer out to local M.D.'s?*

JFW: This is a comment that has been thrown at The National College of Chiropractic many times over the years, and it is simply not correct. The mission of The National College of Chiropractic is clearly spelled out in our College Bulletin, but, in summary, states that we will educate our students to become broad scope, primary care chiropractic physicians who are capable of diagnosing at the level of the family practice member of the allopathic profession and who will provide a broad approach to human ailments with the keystone of chiropractic care being the chiropractic adjustment. You must remember that the National College was founded for the purpose of expanding our involvement in the scientific community and expanding our therapeutic emphasis to those forms of treatment that are natural, drugless and nonsurgical. Our Mission Statement also comments about our responsibility to refer patients, when necessary, to the appropriate health care professional when that is in the best interests of the patient.

TAC: *Is it your goal at National to introduce pharmacotherapy and minimize the importance of the chiropractic adjustment?*

JFW: The National College of Chiropractic Board of Trustees has taken the position that we are a drugless, nonsurgical health care profession. It recognizes that there are some clear difficulties with the definition of the term "pharmaceutical." We are well aware of the fact that when certain foods are taken in

large amounts the effect becomes pharmacologic rather than biologic. We are well aware of the fact that certain herbs are used by many people as part of the "natural" approach to health and yet represents a chemical that has an effect on the human physiology. So that we could draw a clear definitional line, the Board of Trustees has passed a resolution that states that The National College of Chiropractic will not engage in the teaching of the use of prescription legend drugs for therapeutic purposes. We have taught pharmacokinetics and pharmacodynamics at this institution for at least twenty years because we firmly believe that a doctor of chiropractic needs to know about the actions and interactions of the drugs that the chiropractor's patient might be taking. Rather than minimize the importance of the chiropractic adjustment, we are the one institution that has spent hundreds of thousands of dollars pursuing the biologic and cellular effects of the adjustment. This has been evidenced in the indexed literature through the publication of articles that discuss the respiratory burst of neutrophils following chiropractic adjustments and other similar effects. We are currently well underway with a dysmenorrhea trial that evaluates the effect of the chiropractic adjustment on this visceral disorder. Furthermore, new emphasis has been given to the Chiropractic Department in which a complete re-examination of our approach to chiropractic evaluation of the patient and related chiropractic adjusting has been undertaken. I'll match the National College graduates with any graduates when it comes to spinal and extremity adjusting!

TAC: *How important is the adjustment to the practice of chiropractic?*

JFW: As one who has practiced chiropractic since 1968, I have a clear picture of the significance of the chiropractic adjustment. I believe that it is important in restoring mobility to the joints, but I, also, think that it has great significance inasmuch as it produces a beneficial neurologic effect, and it is that effect that we are attempting to elucidate with our research here at The National College of Chiropractic. It is the keystone of the practice of

Chiropractic, but it is not the be all and the end all. There is much about health and disease that is yet to be learned, and, certainly, the chiropractic adjustment is not a panacea for all of human ailments.

TAC: *Do you discourage students from considering that chiropractic may help in organic conditions?*

JFW: On the contrary, the approach at The National College of Chiropractic has always been a broad scope concept of healing. As is true with many chiropractors, malpractice and the third party payor system have conspired to constrict the practice of chiropractic physicians. Nevertheless, as is reflected in our Mission Statement, the organic conditions are part and parcel of what we, as chiropractors, undertake to treat, bearing in mind at all times that we are treating a patient with a particular health condition rather than treating the condition per se.

TAC: *When you were in practice, did you see conditions other than low back pain? What did you see and what were some of the results?*

JFW: My practice of chiropractic was a general chiropractic practice, and, while I saw many patients with acute and chronic low back pain, the real interest in the practice resided within the treatment and/or management of patients with a variety of health care conditions. Regarding some of the specific conditions, I can tell you that they ranged from children with middle ear infections to elderly patients with prostatic carci-

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noma; from reducible fractures of the wrist to peptic ulcer of the duodenum; from acute spinal fractures to pneumothorax; from sarcoidosis to lupus erythematosus; from essential hypertension to malignant hypertension secondary to renal artery occlusion. The point is that there were many patients with many different pathologies. I looked upon those people as individuals who had come to me seeking my assistance, and I provided whatever assistance was available, either through my own treatment in many cases or appropriate referral. The results of chiropractic care are often astoundingly good. There are, however, times when this type of care simply does not produce the desired effects and it is at that point that the patient needs to be referred either for complementary care or sometimes for a totally different kind of therapy. It was always my practice to do what was best for the patient—plain and simple.

TAC: *Is it your goal at National to denounce the innate healing capacity of the human body and to turn young D.C.'s into mechanistic automatons?*

JFW: I sometimes wonder where these questions come from. People who believe these types of statements should read the Bulletin of The National College of Chiropractic where you would find on page seven the following:

> The National College of Chiropractic holds that the practice of the chiropractic physician embraces the whole person with emphasis upon conservative health care which facilitates the underlying inherent potential of the human organism to develop and maintain a state of self-regulation and to invoke self -healing processes with minimal therapeutic risk at reasonable costs.

I can provide you with many other examples of our philosophy at the National College of Chiropractic; however, I feel that this quotation from our Bulletin demonstrates the inaccuracy of such accusations.

TAC: *Do you feel it is the goal of the ACA to bring chiropractic down the road of the osteopaths to a point where we no longer respect the power of the chiropractic adjustment and instead embrace drugs and surgery?*

JFW: Obviously, I cannot speak for the American Chiropractic Association (ACA), but my relationships with the members of the ACA and the Governors tell me that nothing could be further from the truth. I believe that the American Chiropractic Association is looking at the current health care scenario from a pragmatic perspective and trying to do everything it can to see that the interests of the chiropractic profession and its patients are protected. I have no reason to believe, from talking to the leaders of the ACA, that there is any intent to embrace the use of drugs and surgery. Most of what I see in the popular chiropractic press about these types of statements are simply rhetorical attempts to cast doubt in the mind of the reader about the benefit of being a member of the ACA. Personally, I have been a member of the ACA since 1968 when I graduated, and I encourage everybody I come in contact with to join the ACA because it clearly represents the majority of our professional thinking and our professional practices, and it also holds the key to success in Washington, D.C. as was evidenced recently by the passage of the "any willing provider" clause by the House Ways and Means Committee.

TAC: *None of your answers are consistent with your image as portrayed by various chiropractic tabloids. Why do you think they print and say such inaccurate things about you and National College?*

JFW: The National College of Chiropractic was founded in the early part of this century (1906). Dr. Howard took the college to Chicago because he

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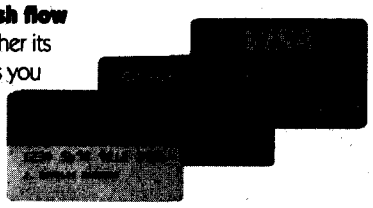

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wanted a closer association with the scientific and other health care professional communities. We have always emphasized diagnosis.

We have always emphasized a broad scope educational base, taking the position that one's education should always be broader than one's practice. We have advocated a broad scope chiropractic practice, bringing into the profession the use of physiologic therapeutics by at least 1912.

The National College of Chiropractic and I, as its President, have long emphasized the need for objectivity in the drawing of conclusions by the chiropractic profession, and it is for this reason that we have committed literally millions of dollars to legitimate scientific research. I think some of the comments that are made about me and about the institution that I represent stem from jealousy more than from any other possible reason. I think statements that attempt to paint me as pro-medical or anti-chiropractic or to paint The National College of Chiropractic as a "pseudo-medical" institution are most often made out of ignorance. I invite any people who wish to seriously consider such statements to visit The National College of Chiropractic and find out firsthand what is happening here.

TAC: *What is your viewpoint on philosophy as it relates to chiropractic? What is the difference between chiropractic philosophy and the philosophy of chiropractic?*

JFW: I think any profession should operate within the parameters of a "philosophical position." I do not think it is appropriate for a profession to "invent a philosophy" as has been done by our profession and, specifically, by B.J. Palmer. When this is done, it tends to create an insularism that results in a profession that looks inward at all times, and that has happened within the profession of chiropractic. On the other hand, if we utilize the well-known tools of philosophy in its general sense, that is, the "search for truth and the love of wisdom," then one can build a philosophy of chiropractic that gives a vital perspective to the profession that can be understood and embraced by those who are outside the profession. I believe that this is the most important aspect of any philosophical position that we undertake because it gives the profession direction, and it allows members of society to understand the reasons why members of the profession approach patients who are sick or well with a specific intent from the standpoint of the approach to therapeutics.

A Philosophy of Chiropractic should explain why it is that we approach the patient from the drugless and nonsurgical perspective, for example. A Philosophy of Chiropractic should embrace ethical standards, should rely on epistemologic methods that are acceptable to the rest of society and should provide a clear logic in regard to the educational as well as practice methods.

TAC: *What is your opinion about the so-called philosophy as espoused by chiropractors who refer to themselves as "straight" chiropractors?*

JFW: My understanding of the philosophy of the true "straight" chiropractor is, at its core, a concept that promotes the idea that all humans are endowed with a piece of universal intelligence known as innate intelligence; that innate intelligence is expressed from brain cell to tissue cell through the nervous system and that spinal subluxations can impede the flow of innate expression from brain cell to tissue cell, thus resulting in disease. Further, it is the purpose of the chiropractor to locate and correct spinal subluxations, thus freeing the flow of innate intelligence from brain cell to tissue cell and allowing the body to enjoy maximum vitality.

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There are many other aspects to the so-called straight chiropractic philosophy. I have no quarrel about developing a philosophical position; however, I do believe that it must be subjected to legitimate scrutiny, and our profession, as characterized by the "straight" chiropractors, has taken the position that we already know, that "chiropractic works," and, therefore, it is unnecessary to embrace the scientific method to objectify the philosophical positions that are taken. I disagree with that, believing that society, in general, is better served when there is a method of fixing our belief that is outside the ability of those who profess the belief system to affect the outcome. That is what is known as the scientific method.

TAC: *Do you feel that all of B.J. Palmer's methods were necessary to perpetuate the chiropractic profession?*

JFW: No, I do not.

TAC: *What is your overall opinion of B.J. Palmer, and do you feel that his name should be stricken from the chiropractic record books?*

JFW: I have read more about B.J. Palmer and by B.J. Palmer than most people think I have. I find him to be an interesting and intriguing person. My opinion is that Dr. B.J. Palmer served a significant purpose within the development of the chiropractic profession and that without his eccentric and egocentric ways, the profession might well not have survived. Clearly, he cannot be stricken from the chiropractic record books. He is a historical fact, a highly charismatic individual who played a central role in this profession for a number of decades. Obviously, I do not, however, believe that he should be held up as an infallible professional god as some people within the profession tend to do. Clearly, B.J. Palmer was a major player in the development of the chiropractic profession, and we should honor him in that role, no more and no less.

TAC: *What did you like about B.J. Palmer?*

JFW: B.J. Palmer was a man of varied interests and was an innovative and, in many ways, a unique thinker. Furthermore, he enjoyed his cigars as do I, once or twice a year when I have the opportunity to spend some time with my father. At the age of eighty-four, he likes an occasional cigar, too!